

PATENT APPLICATION

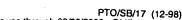
TRANSMITTAL

PTO/SB/05 (4/98)
Please type a plus sign (+) inside this box
Approved for use through 09/30/2000. OMB 0651-0032
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Attorney Docket No. First Inventor or Application Identifier otical Transmissia

Only for new nonprovisional applications under 37 C.F.H. § 1.53(b), Expre	pe 100. 9 jo. 010
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231
1. Specification [Total Pages 2.4] 2. Specification [Total Pages 2.4] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS
- Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 4. Oath or Declaration [Total Pages 3] Description [Total Pages 3] Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63(d) (for continuation/divisional with Box 16 completed) i. Description OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). *NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITIED TO PAY SMALL ENTITY FREES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.27).	7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) * Small Entity Statement filed in prior application Status still proper and desired 14. Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. Other: ALLY ADDITION TO Attorn Data
reference. The incorporation can only be relied upon when a portion i	GIP) of prior application No: 60 108,751 III F19 Group / Art Unit: 61 F19 of the prior application, from which an oath or declaration is supplied ying continuation or divisional application and is hereby incorporated by has been inadvertently omitted from the submitted application parts.
17. CORRESPONDE	NCE ADDRESS
Customer Number or Bar Code Label (Insert Customer No. or Alta	or Correspondence address below
Name	380
Address PATENT TRACENS	RX OFFICE
700/055	
City State	Zip Code
Country Telephone	Fax
Name (PrinuType) Michael C. Antone	Registration No. (Attomey/Agent) 39, 094

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PTO/SB/17 (12-98)

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FEE TRANSMITTA for FY 1999

Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete if Known		
Application Number		
Filing Date		
First Named Inventor	David F. Smith	
Examiner Name		
.Group / Art Unit		
Attorney Docket No.	981117-DS-1	

TOTAL AMOUNT OF PAYMENT (\$) 470,				Dock	ket No.	981117-DS-	
METHOD OF PAYMENT (check one)	一	=	=		FEE CA	ALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit	Large Fee	ADDIT je Entit Fee le (\$)	ty Sma	NAL F	FEES	Fee Description	Fee Paid
Account Number	105	130	205	65	Surcha	arge - late filing fee or oath	
Deposit Account Name CORVIS CORPORATION	127	50	227	7 25	Surcha cover s	arge - late provisional filing fee or sheet.	
Charge Any Additional Fee Required Under	139	130	139	130	Non-Er	nglish specification	
37 CFR 1.16 and 1.17	147	2,520	147	2,520	o For filin	ng a request for reexamination	
2. Payment Enclosed:	112	920*	112	2 920		sting publication of SIR prior to ner action	
Check Money Other	113	1,840*	113	3 1,840		sting publication of SIR after ner action	
FEE CALCULATION	115	110	215	55	Extensi	ion for reply within first month	
	116	380	216	190	Extensi	ion for reply within second month	
BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extensi	ion for reply within third month	
Fee Fee Fee Fee Description	118	1,360	218	680	Extensi	ion for reply within fourth month	
101 760 201 380 Utility filing fee	128	1,850	228	925	Extensi	ion for reply within fifth month	
106 310 206 155 Design filling fee	119	300	219	150	Notice (of Appeal	
107 480 207 240 Plant filing fee	120			150	Filing a	brief in support of an appeal	
108 760 208 380 Reissue filing fee	121			130	Reques	st for oral hearing	
114 150 214 75 Provisional filing fee			138 1		Petition	to institute a public use proceeding	
			240	55	Petition	to revive - unavoidable	
SUBTOTAL (1) (\$) 380		1,210			Petition	to revive - unintentional	
2. EXTRA CLAIM FEES	142 1		242	605	•	sue fee (or reissue)	
Fee from Ext <u>ra Claims below Fee Paid</u>	143	430	243	215	Design i	issue fee	i ———
Total Claims 24 -20** = X 9 = Independent	144	580	244	290	Plant iss	sue fee	
Claims	122	130	122	130	Petitions	s to the Commissioner	-
Multiple Dependent	123	50	123	50	Petitions	s related to provisional applications	
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity				240	Submiss	sion of Information Disclosure Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581		581	40	Recordir property	ng each patent assignment per (times number of properties)	Ilo
103 18 203 9 Claims in excess of 20	146	760 2	246	380		submission after final rejection	75
102 78 202 39 Independent claims in excess of 3	149	760 2	249	380	•	1.129(a))	
104 260 204 130 Multiple dependent claim, if not paid	140	700 -	240	300		n additional invention to be ed (37 CFR 1.129(b))	1
	Other fee	e (spe	cify) _				
110 18 210 9 ** Reissue claims in excess of 20	Other fee						
SUBTOTAL (2) (\$)	Doduc	ad by E	?noie	Cilina !	Con Doid	SUBTOTAL (3) (\$)	10

SUBMITTED B	Υ	Complete (if	applicable)
Typed or Printed Name	MICHAEL C. ANTONE	Reg. Number	39,094
Signature	Make 1. That Date 11/17/2	Deposit Account	

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